		PART B	- FEE(S)	TRANSMITTAL			
Complete and send	this form, together wit	h applicable f	ee(s), to: <u>N</u>	Commissioner P.O. Box 1450			
AUG 0 1 2005 2	1		or]		rginia 22313-1450		
NSTRUCTIONS This for appropriate. All chief conditions to the condition of	orm should be used for transpression of the February should be used for transpression of the February should be used for transpression of the transpression of tran	smitting the ISSU Patent, advance or in Block 1, by (a			quired). Blocks 1 through 5 will be mailed to the curren ss; and/or (b) indicating a sep	should be completed where t correspondence address as varate "FEE ADDRESS" for	
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KOLISCH HAR 520 S.W. YAMHI SUITE 200 PORTLAND, OR	LL STREET			I hereby certify that States Postal Service addressed to the M transmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is being with sufficient postage for fi ail Stop ISSUE FEE address SPTO (703) 746-4000, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.	
08/02/2005 MBELETE2 00000098 10645828				Pierre C.	Van Rysselberghe		
01 FC:2501 02 FC:1504	700.00 OP 300.00 OP			July 29, 2	005	(Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/645,828	08/20/2003		Spencer	B. Dick	PAI 309	7646	
	A METHOD TO CONTROL				-		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	07/29/2005	
EXAMINER		ART UN	ART UNIT CLA				
HAMDAN, WASSEEM H		2854	2854 101-483000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO B	E PRINTED ON 1	HÉ PATEN	(print or type)			
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Precision A	Automation, Inc.		Vanco	uver, Washington	ı		
Please check the appropriat	e assignee category or categor	ries (will not be pr	inted on the p	atent): 🗖 Individual 🛎	Corporation or other private g	roup entity Government	
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□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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33,557